

Unannounced Care Inspection Report 20 November 2018



Optimum Care

Type of Service: Domiciliary Care Agency
**Address: Studio 2, Valley Business Centre, Church Road,
Newtownabbey, BT36 7LS**
Tel No: 02890869701
Inspector: Aveen Donnelly
User Consultation Officer: Clair McConnell

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Optimum Care is a domiciliary care agency providing personal care to 232 service users in the North Belfast, Carrickfergus, Ballyclare and Newtownabbey areas. The agency has a current staff complement of 92 staff that provides services commissioned by the Northern Health and Social Care Trust and the Belfast Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: Home Care Services (NI) Limited t/a Optimum Care Responsible Individual: Mrs Lesley Catherine Megarity	Registered Manager: Mrs Andrea Hill
Person in charge at the time of inspection: Mrs Andrea Hill	Date manager registered: 23 November 2017

4.0 Inspection summary

An unannounced inspection took place on 20 November 2018 from 09.20 to 14.00 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training and development. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, generally promoted treating service users with dignity and respect. There were good governance and management arrangements in relation to the day to day operations of the service.

Consultation with service users and their representatives identified some dissatisfaction with the care and service provided. Given that a number of those spoken with indicated that they had not raised these matters with the agency's management team, following the inspection, this information was relayed to the manager, for review and action, as appropriate.

There were no areas for improvement made during this inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 1 March 2018

There were no areas for improvement made as a result of the last care inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection reports
- record of notifiable events since the last care inspection
- reports in respect of any serious adverse incidents
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- two staff recruitment checklists
- staff induction and supervision records
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- four service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from two service users' homes
- RQIA registration certificate
- complaints records
- service user guide/agreements
- statement of purpose
- annual quality assurance report 2017
- monthly quality monitoring reports

As part of the inspection process the User Consultation Officer (UCO) also reviewed the agency's documentation relating to four service users.

The UCO spoke with three service users and six relatives, either in their own home or by telephone, on 26 and 27 November 2018 to obtain their views of the service. The service users received assistance with personal care, meal preparation and management of medication. The inspector also spoke with the responsible person, two care staff and three Health and Social Care (HSC) representatives on the day of the inspection. Feedback is included within the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff completed the survey.

The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 March 2018

There were no areas for improvement made as a result of the last care inspection undertaken on 1 March 2018.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's registered premises are located at Church Road, Newtownabbey and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of one senior coordinator, one coordinator, two senior care workers and a number of domiciliary care staff. The agency's staffing arrangements were discussed and the manager advised that they felt there were sufficient staff employed, to meet the current level of care provision. The manager also described how the agency retains a number of staff 'on stand-by', if calls are needed to be covered at short notice.

Despite this, concerns were raised to the UCO, in relation to the staffing arrangements. The UCO contacted a sample of three service users and six relatives. Two service users and three relatives indicated that they felt that there was a lack of consistent staff, providing care. Two service users and two relatives consulted with advised that new carers were not consistently being introduced to the service users by a regular member of staff and that new staff were not always aware of the care required. Whilst all of the service users and relatives interviewed confirmed that they were aware of whom they should contact if they had any concerns, a small number of those interviewed informed the UCO that they had not raised these matters with the agency's manager. Two service users and one relative advised the UCO, that they had raised issues with the agency; however, they felt that matters had not been addressed to their satisfaction. Following the inspection, the feedback was relayed to the registered manager for review and action, as appropriate.

Other comments, made by service users or their relatives are detailed below:

- "Happy with the care I'm getting."
- "Could be better. There's no consistency in carers."
- "XXX has got to know them."

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of recruitment records indicated that all pre-employment information had been satisfactorily completed and verified. Clarification around aspects of Optimum's recruitment procedures was

sought from Optimum Care following the inspection and RQIA is satisfied with the processes that are in place.

There was a system in place to ensure that all staff were registered with NISCC and to identify when staff are due to renew their registrations.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of records confirmed that this included, mentoring through formal supervision meetings and spot checks on staff' practice. An electronic system was in place, which ensured good management oversight of when staff were due to have formal supervisions.

A review of the training records confirmed that training had been provided in all mandatory areas. Training was monitored by the organisations' training department, to ensure all staff were compliant with the mandatory training requirements.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. Discussion with the manager evidenced that potential safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior executive within the organisation holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures.

There was a system in place to ensure that any accidents or incidents would be managed in accordance with local protocols. The manager advised that no accidents or incidents had occurred since the last care inspection.

Records reviewed confirmed that risk assessments were completed for each service user and were reviewed on at least an annual basis. The review of the records evidenced that the agency completed personal emergency egress plans for each service user. This ensured that staff were familiar with the level of assistance required, should a service user require to be evacuated from their homes, in case of emergencies.

The inspector observed the records management arrangements within the agency, in respect of archived records, and concluded that the current arrangements were appropriate to ensure that data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and development.

Areas for improvement

No areas for improvement were made in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

As discussed in section 6.4, two service users and two advised that new carers were not always introduced by a regular member of staff, resulting in them not being aware of the care required by the service users. Of the three services users and six relatives contacted, three service users and four relatives indicated that they felt that the agency was short staffed and that carers were covering additional calls. The UCO was informed by one service user and two relatives that they felt dissatisfied in relation to the carers' timekeeping. Three relatives and two service users commented that they felt that the care provided had been rushed. One service user consulted with informed the UCO that they had experienced a small number of missed calls; however, they had not reported these to the management team. Whilst the inspector found no evidence of these issues during the inspection, this information was relayed to the manager, for review and action, as appropriate.

Additionally specific comments received by the UCO in relation to an identified staff member's manner and care practice, were relayed to the manager by the inspector. The manager provided assurances that appropriate actions would be put in place, to monitor this staff member's practice, whilst matters were being investigated.

Other comments made by service users or their relatives are detailed below:

- "New faces all the time."
- "Happy with the majority of the carers."
- "Seems to be a high staff turnover."

The majority of those consulted with advised the UCO that home visits and phone calls had taken place, or that they received a questionnaire from the agency, to obtain their views on the service. However, given the negative feedback received, by the UCO, it was noted that the agency's own quality monitoring systems had not identified the same level of service user' dissatisfaction.

As part of the home visits the UCO reviewed the agency's documentation in relation to four service users and no issues were identified. The inspector also examined four service users' care records and found these to be detailed and reflective of the service users' needs. The manager advised that care reviews with the HSC Trust representatives were held annually or as required and that agency staff attended when invited. The review of the care records identified that the care review notes were not consistently in place. This was discussed with the manager, who agreed to follow this matter up with the relevant trust representatives. The records reviewed identified that care plans were generally in place and reflected the contracted level of care.

The review of the daily records returned from the service users' homes, identified that they were generally well maintained.

Service User Agreements were consistently provided to service users within the required timescale.

Minutes of staff meeting were available for those who were unable to attend.

Areas of good practice

There were examples of good practice found in relation to the review of care needs.

Areas for improvement

No areas for improvement were made in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and monitoring visits which aimed to specifically ascertain the views of the service users and their representatives.

It is good to note that the review of the annual quality assurance report completed in December 2017 indicated that 99.4 percent of service users felt that the staff respected their dignity and 99 percent of staff communicated well with them. A review of the monthly quality monitoring reports indicated that the staff treated service users with respect and dignity. Comments noted in the monitoring reports included that it was 'a good service and the staff are very pleasant', 'the staff are great' and 'all staff are brilliant'.

Two service users and two relatives stated that some carers did not consistently speak appropriately to them. The UCO verified that some of those consulted with, had not raised their concerns with the manager. Following the inspection, this information was relayed to the manager for review and action as appropriate.

Other comments received are detailed below:

- "XXX looks forward to them coming. Enjoys the contact."
- "Have a great laugh with XXX (regular carer.)"
- "Always in a rush."

During the inspection, the inspector spoke with two staff members. Comments are detailed below:

- "This place is unbelievable, they are very good, yes."
- "I have no problems whatsoever, they are great."

The inspector also spoke with three HSC representatives, who indicated that they were generally satisfied with the service provided by Optimum Care.

Areas of good practice

There were some examples of good practice found throughout the inspection in relation to the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities. The staff members consulted with indicated that the manager was supportive and approachable.

As discussed in the previous sections, the UCO identified that the majority of service users and their representatives felt that the agency was short staffed and that they felt that this had impacted on the standard of care. Following the inspection, specific feedback was relayed to the manager, for review and action, as appropriate.

There was a process in place to ensure that complaints were managed in line with the legislation and minimum standards. All of the service users and relatives consulted with as part of the inspection process confirmed that they were aware of whom they should contact if they had any concerns regarding the service, however a number advised that they had not raised their concerns with management. Two service users and one relative advised the UCO, that they had raised issues with the agency; however, they felt that matters had not been addressed to their satisfaction. Following the inspection, specific feedback was relayed to the manager, for review and action, as appropriate.

The agency had a range of policies and procedures in place that were reviewed in line with the minimum standards. RQIA had previously reviewed the evidence available in respect of a serious adverse incident (SAI's) that had been investigated by the Northern Health and Social Care Trust. This matter was discussed with the responsible individual, who advised that procedures were in place to prevent recurrence and that the relevant policy would be updated, when discussions with the trust are concluded.

There were no incidents reportable to RQIA since the last care inspection.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

The registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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